

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/25/2025
NAME OF PROVIDER OR SUPPLIER AASHIYANA FAMILY CARE LLC UNIT B		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 RUSSET STREET UNIT B RACINE, WI 53405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 03/25/2025, Surveyor conducted a complaint investigation and verification visit for SOD CE3Z11, dated 09/25/2024, at Aashiyana Family Care LLC Unit B, an Adult Family Home (AFH) in Racine, WI. One deficiency identified. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 4	{M 000}		
M 212	88.04(1)(b) SERVICE PROVIDER AGE A service provider shall be at least 18 years of age. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure that 1 of 1 caregiver (Caregiver B) reviewed was at least 18 years of age. Findings include: On 11/29/2024, the department received a concern alleging a caregiver, who was a minor, was working in the facility. On 03/25/2025, Surveyor reviewed Caregiver B's employee file and identified the following: -Caregiver B's Background Information Disclosure indicated that Caregiver B birth date was 12/15/2007. -Caregiver B was hired on 11/06/2023.	M 212		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 03/25/2025
NAME OF PROVIDER OR SUPPLIER AASHIYANA FAMILY CARE LLC UNIT B			STREET ADDRESS, CITY, STATE, ZIP CODE 2900 RUSSET STREET UNIT B RACINE, WI 53405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
M 212	Continued From page 1 -Caregiver B was 16 years of age when s/he was hired. On 03/25/2025, Surveyor reviewed the department's facility file where there was not evidence that a waiver had been approved for Caregiver B to work as a caregiver while being under the age of 18 years. On 03/25/2025 at approximately 9:32 AM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B was hired on 11/06/2023. Administrator A stated s/he did not request a waiver from the department regarding a minor working in the facility. Administrator A stated Caregiver had a work permit from his/her school. Administrator A stated s/he was not aware of this requirement. Administrator A stated s/he would pull Caregiver B off the schedule and will request a waiver from the department.	M 212			